UNITED STATES GOVERNMENT

Memorandum

TO : Dr. Soroff

DATE: 1/6/75

FROM : Dr. Dennis

SUBJECT: Meeting of Dr. S. Dos and Dr. C. Dennis on 1/6/75 concerning assignments

of space at SUSB and matters concerning plans for space

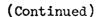
Suggestions:

- Label offices and labs according to the positions to be created - not by names of people who are being considered. (Except those already here)
- 2. Get data from other University Hospitals on the distribution of beds among services and endeavor to apply this information to planning here. (We are committed to service to the community and cannot be "ivory tower")
- 3. Strive to consolidate surgery in the top three floors of State I if this can be negotiated. Strive to have the three corresponding floors (8.9, and 10) of Stage II as well, if date from other University Hospitals appear to warrant this.
- 4. It is recommended that Surgery occupy as much of each of three floors as can effectively be utilized. To concentrate all present personnel on one floor is likely to provide a space and power vacuum.
- 5. Present plans and suggestions specifically:

	Floor	Office Rm.	Lab.
a. Dr. Soroff	10 :	276	593
b. Mr. Bertwell	10	286	594
c. Dr. Dos	10	356	596
d. Metabolism	10	353	698,69 6
e. Dr. Dennis	9	275	589
f. Dr. Jacobson	9	285	590
g. Dr. Pitzele	9	351	592

6. Questions arise:

- a. Where is the library?
- b. Where is Radiology
- c. There is a Surgery ICU by the O.R. What is the one on the 11th floor?
- d. Why should there be different floor numbers for the same levels in Stages I and II?





- e. What are we to do with the magnificent laboratory space upstairs if the work on animals is to be in the basement?
- f. Is it going to be feasible to assign lab space in the basement so that people with sensitive equipment may keep it set up ready for use even if it is used only once a week?
- g. In view of this much laboratory space and the expected need for more beds, would it be possible at the present time to suggest an exchange with Medicine of the 5th floor of Stage I for the 10th floor of Stage II? This would give Medicine more chemical space which it uses so much and would avoid letting Surgery appear a dog in the manger.
- h. Is there a luncheon area in the operating room suite to conserve asepsis and time of personnel working in that area? This has proven essential at Kings County, The University of Minn., Johns Hopkins, etc.
- i. It is going to be impossible to maintain surgical services unless there is adequate parking. Are there plans for this?
- j. What are the dimensions of the elevators in the Hospital?
 At DMC they were too small to accept a bed with traction equipment—a disaster.
- k. The ICU on the 11th floor of Stage II needs a room in which at least two residents can sleep. Is this the room marked "taff"?
- 1. Are the rooms in the hospital large enough to accommodate electric beds? Is there room enough to take the window bed out without moving the corridor bed? This was and is a serious problem at DMC.
- m. The ICU in the basement does not appear to allow the patient to see outside or even to know if it is night or day. We had trouble with disorientation of patients because of this at DMC. Dr. Dos observed the same trouble at Cornell and Minnesota. Can this be remedied?
- n. Two large areas adjacent to O.R. space are labelled "Mechanical Room". At DMC it was necessary to relinquish space for a shop for maintenance and testing of equipment, especially electronic. (It was found that 40% of the delivered equipment contained hazards as to electrocution, a big factor in the pending legislation on devices.) Is such a space envisioned?
- o. Where is the wrapping of surgical packs to be done? Is it to be possible to deliver sterilized packs to the O.R. in a clean, closed fashion without traversing public corridors?
- p. Where is the Record Room? It should be immediately adjacent to the OPD and the X Ray Department as well as convenient to the wards if we are to have a true unit Record System and if we are to run in a manner that is efficient and meet out etravagant.
- q. The OR dictating room appears to be in an area open to people not in clean O.R. suits. It should be so located that dictation can be done between cases without a change of scrub suits.